

VA



U.S. Department of Veterans Affairs

COVID-19 Personal Protective Equipment (PPE) Management Guidelines

Updated 7/16/2021

OBJECTIVE

To continue to ensure the safety of our VAMHCS staff as they care for our Veterans in response to the COVID-19 Pandemic at all VAMHCS campuses.

I. GENERAL GUIDELINES

This guidance is intended to inform minimum standard expectations for PPE. The current policy includes universal masking for all staff, veterans and visitors indoors in VAMHCS facilities.

A. Staff guidance (All employees at any VA Maryland Health Care System (VAMHCS) Campus:

1. Universal Masking: All staff, veterans and visitors must wear a facemask while indoors. This includes clinical and non-clinical staff in both patient-care and non-patient care areas. A surgical mask must be worn in all patient care areas. Cloth masks maybe worn in administrative or non-clinical areas.
2. Eye Protection: Eye protection is required for all employees providing direct patient care or when entering a patient's room. Face shields are preferred but goggles are acceptable. Surgical masks with shields are also acceptable. **Eyeglasses are not considered eye protection.**
3. Airborne PLUS Contact Precautions: Respirator (fitted N95 with face shield or PAPR/CAPR), gown and gloves (see [Airborne Plus Contact Precautions](#)). Patients on airborne PLUS contact precautions should also be placed in an airborne infection isolation (AIIR) negative pressure room.

B. **Patients**: All Veterans entering any building on any VAMHCS campus are required to wear a mask. If a Veteran does not have a mask, they will be given a mask and instructions for use. Veterans who are admitted/inpatient will be given a surgical mask for transport/travel, for use during in-room care, and upon discharge from the hospital. Veterans should wear a mask whenever staff are present in the room. **Veterans should not be left alone in a room with mask in place unless they are able to remove their own mask; providers should assist Veterans who require help with donning/doffing masks.**

C. **Visitors**: All visitors entering any building on any VAMHCS campus are required to wear a mask.

PPE Conservation Guidance: Re-use and Extended Use of Medical Facemasks, Respirators and Eye Protection

II. CONSERVATION

PPE shortages resulting from COVID-19 may require temporary changes in practice. Using guidance from the Centers of Disease Control (CDC), and in collaboration with VHA subject matter experts, the VAMHCS has employed strategies to manage and maintain the PPE supply. The PPE capacity, allocation and use will be reviewed regularly by VAMHCS leadership to assure appropriate PPE access to all necessary services.

- A. Conventional Capacity: Strategies that consist of providing patient care without any change in daily practices
- B. Contingency Capacity: Strategies that may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of health care personnel. May be used temporarily during periods of expected shortages.
- C. Crisis capacity: Strategies that are not commensurate with conventional U.S. standards of care. May need to be considered during periods of known shortages.
- D. Periodic Automatic Replenishment (PAR): An identified quantity level used in the inventory system to determine the quantity of inventory on hand that an organization should have at all times. This is named after a par level, which is a set quantity for each inventory item that should be on hand at all times.
- E. Extended Use: The process of wearing the same piece of PPE for multiple encounters with different patients without removing the item between patients.
- F. Limited Reuse: The process of using the same piece of PPE for multiple encounters with different patients removing it after each encounter.
- G. Facilities and units should maintain secured access to all PPE (masks, gloves, eye protection, gowns, etc.) and units will closely monitor the amount of PPE utilization as well as Supply Chain Management Services (SCMS).
- H. PPE needs to be placed on units in a monitored site and secured when not attended, unless supply is conserved for urgent need (i.e. on crash cart)

III. PERSONAL PROTECTIVE EQUIPMENT INFORMATION

A. Surgical masks:

1. A surgical mask is fluid resistant and provides protection against large droplets, splashes, or sprays of bodily or other hazardous fluids; protects patient from wearer's respiratory emissions
2. All staff members are required to wear a surgical mask while providing direct patient care or when entering a patient's room.
3. Do not touch mask or pull mask up and down over chin – this action leads to increased risk of contamination.
4. Masks should only be touched by the straps, ear loops or ties. Hand hygiene must be performed before and after touching the mask.
5. When removing mask, fold lengthwise so that the outside surface is held against itself and store in a breathable receptacle labeled with name.
6. Surgical masks should be replaced at least once daily, more frequently as needed if: soiled, damaged or if they otherwise lose fit or function.

B. Cloth masks:

1. Protects others from wearer's respiratory emissions by forming a physical barrier but typically are NOT fluid resistant.
2. Cloth masks may be used by staff who have little to no patient contact (i.e. Administrative areas). *Cloth masks are not to be used during patient care activities.*
3. Should be laundered at least weekly.
4. See [Updated Masking Guidance](#) for tips to improve the fit of a cloth mask.

C. N95 Respirator:

1. Reduces exposure to particles including small particle aerosols
2. Fit Testing must be performed prior to use of N95 respirator where designated respirator use is required.
3. N95 respirators are required for patients on airborne precautions, including confirmed COVID positive patients or PUI.
4. N95 respirators are required for performing an aerosol generating procedure (AGP) on **any** patient.
5. It is recommended to use with a full-face shield to reduce contamination of the mask.
6. Conduct seal check each time while donning the N95. If seal check fails, discard and obtain new one, or wear a positive air-purifying respirator (PAPR) or controlled air purifying respirator (CAPR).
7. When respirator needs to be removed, perform hand hygiene before and after touching the respirator, and place your respirator in a breathable receptacle (example: paper bag).
8. Do not touch the outside of your respirator or pull your respirator up and down over your chin.
9. N95 respirators may be worn for several hours and up to five (5) shifts; however N95s may be replaced daily and should only be reused if supply is contingency or crisis capacity (reach out to Supply Chain Management or Infection Control). All respirators should be discarded and replaced if they lose fit, shape or are grossly contaminated.
10. Only N95 respirators approved by Safety & Occupational Health should be used in clinical care areas.

D. PAPRs/CAPR:

1. Creates a positive airflow for the end user.
2. Requires medical clearance before use and annual (re)training.
3. Requires full battery charge and proper filter placement before use.
4. Required for patients on airborne precautions including COVID-positive or PUI.
5. Required in performing an aerosol generating procedure (AGP) on **any** patient.
6. Clean PAPRs/CAPR hood and machine between use and/or between users by the person wearing the PAPR
7. Training on the AirBoss FlexAir Powered Air Purifying Respirator (PAPR) can be found here: [AirBoss Flex Air Training Presentation](#).
8. Please note that PAPR hoods obtained from UMMC are not compatible with the VAMHCS AirBoss FlexAir PAPRs.

E. Eye Protection (Goggles and Face Shield):

1. Eye protection can be worn continuously and for multiple patient encounters
2. Following patient care, the inside and outside of the eye protection should be disinfected with a hospital approved wipe. An alcohol swab may be used to remove residue, as needed.
3. When faceshield is not in use, perform hand hygiene and place in a safe storage area (example: paper bag, hooks).
4. Label with users initials and unit.
5. Perform hand hygiene before and after touching eye protection.
6. Discard eye protection if difficult to see through or damaged

F. Isolation Gowns:

1. Isolation gowns should be changed between patients. Doff gown prior to exiting patient room.
2. In specimen collection settings where provider is not changing environments; extended use may be appropriate, discard if it becomes soiled.

G. Headwear and Foot Coverings:

1. Headwear may include bonnets, caps and head coverings; however, it is not intended to protect the wearer from exposure to blood and body fluids. It is not part of the Infection Control recommended PPE for COVID-19. The only purpose of headwear for COVID-19 is to contain staff members hair. All hair, including facial hair, must be worn in a way or tied back to prevent it from coming into contact with work surfaces, instrumentation, patients or residents.
2. Disposable headwear must be discarded at the end of the shift.
3. Foot coverings are reserved for surgical services and procedural areas (e.g. Operating Room).
4. Sanitize hands after touching headwear or foot coverings.

H. Fit testing and medical clearance

1. Respirator training and fit testing are conducted at least annually and with any change in make or model respirator.
2. Prior to being fit tested, you will be required to complete an [OSHA Respirator Questionnaire](#) and a [VAMHCS Respirator Medical Clearance Form](#).
3. When completing the OSHA Respiratory Questionnaire:
 - a. Answer the exercise type, cardio – how many mins/circuit and how many times/week
 - b. Height and weight
 - c. Part A Section 1 and 2 up to question 9 must be completed.
 - d. If there is a YES in #3, Occupational Health suggests explaining the reason for it on the back of the page.
 - e. Print ONLY one page at a time. Please DON'T USE the back to copy the questionnaire.
 - f. Please do not answer beyond Question 9, Part A, Section 2, as SUPPLEMENTAL e.g. question 10 – 15 are for those who will wear Self-Contained Breathing Apparatus.

4. Complete ONLY the first 4 lines of the VAMHCS Respirator Medical Clearance Form.
5. Typically, it takes up to 48-hours for Occupational Health providers to review and approve these forms. These can be sent electronically to Joyce Flayhan (joyce.flayhan@va.gov) AND Felecia Witcher (Felecia.Witcher@va.gov). It is imperative these forms be submitted and approved. Training and fit testing cannot take place without them.
6. Expect your staff to be off your unit for approximately 45-60 minutes. Assuming everything is running smoothly, this will allow ample time for both required training and fit testing. Those cleared for PAPR use only will take slightly less time, as PAPRs do not require fit testing.
7. No eating, drinking (water is allowed), gum, or smoking for 15 minutes prior to test.
8. Employees must be clean shaven for fit testing of N95/N100 respirators.
9. The following information only applies to staff with dual appointments at University of Maryland Medical Center and the VAMHCS, including all trainees:
 - a. If you have been fit tested at University of Maryland Medical Center within the year into an N95 mask, please follow the guidance below:
 - i. **Regular N95:** If you have been fit tested at UMMC within the last year into an N95 regular sized mask, you will need to be re-fit tested at the VA but you will not require additional medical clearance.
 - ii. **Small N95 (1860S):** If you have been fit tested at UMMC within the last year into an N95 small sized mask (1860S), the VA currently has these in stock and available. You will not require fit testing at the VA.
 - iii. **Large N95 (1870X):** If you have been fit tested at UMMC within the last year into an N95 large sized mask (1870X) or other size, these are NOT available at the VA. You will need to use a PAPR.
 - b. If you have not been fit tested at University of Maryland Medical Center within the last year, you need to get fit tested and will require medical clearance at the VA prior to providing care. To obtain medical clearance complete the steps as outlined below.

I. PPE Distribution

1. All staff will be provided appropriate PPE by the **nurse manager** or **charge nurse** in their respective clinical area. Supply Chain Management Services (SCMS) should be contacted for re-supply.
2. Full time staff from any unit or service who have trouble obtaining appropriate PPE should contact their supervisor and/or SCMS representative in real time.
3. Trainees (e.g. medical students, residents, fellows) from any unit or service who are having trouble obtaining appropriate PPE in their clinical areas can utilize resources as outlined below to troubleshoot issues in real time:
 - a. **Monday through Friday 8:00 am – 4:00 pm**
 - *Ambulatory and Emergency Care Clinical Center*
 - 1st line: Bernetta Backman 5-7308
 - 2nd line: Dr. Amit Khosla 5-7222
 - *Cardiology Section*
 - 1st line: Dr. Shawn Robinson 5-7238
 - 2nd line: Dr. Marc Hochberg 5-7199
 - *Endocrinology Section*
 - 1st line: Dr. Nanette Steinle 5-7432
 - 2nd line: Dr. Marc Hochberg 5-7199

- *Gastroenterology Section*
 - 1st line: Dr. Erik Von Rosenvinge 5-5260
 - 2nd line: Dr. Marc Hochberg 5-7199
- *Hematology-Oncology Section*
 - 1st line: Dr. Heather Mannuel 5-2035
 - 2nd line: Dr. Marc Hochberg 5-7199
- *Hospital Medicine Section*
 - 1st line: Dr. Anna Carmack 5-7458
 - 2nd line: Dr. Stephen Musisi 5-5549
- *Infectious Disease Section*
 - 1st line: Dr. Rohit Talwani 5-3561
 - 2nd line: Dr. Marc Hochberg 5-7199
- *Mental Health Clinical Center*
 - 1st line: Veronica Gill 5-7438
 - 2nd line: Dr. Aaron Jacoby 5-7812
- *Nephrology Section*
 - 1st line: Section Chief 5-7182
 - 2nd line: Dr. Marc Hochberg 5-7199
- *Neurology Service*
 - 1st line: Louis Snowden 5-6108
 - 2nd line: Elizabeth Lounds 5-7463
- *Pulmonary Critical Care Section*
 - 1st line: Dr. Mark Cowan 5-7496
 - 2nd line: Dr. Marc Hochberg 5-7199
- *Rheumatology Section*
 - 1st line: Dr. Violeta Rus 410-706-8456
 - 2nd line: Dr. Marc Hochberg 5-7199
- *Surgical Clinical Center*
 - 1st line: Tennille Estep 5-7306
 - 2nd line: Tondrea Ward 5-5661

b. Weekdays after 4:00 pm and All-Day Weekends

- *ALL Clinical Centers and Services*
 - 1st line: Nurse on Duty (NOD) 5-6107
 - 2nd line: Dr. Ryan Scilla 724-674-8312
 - 3rd line: Dr. Joseph Liberto 443-690-6938

NOTE: For employees who have concerns about the PPE guidelines based on personal health conditions, please contact Employee and Occupational Health at ext. 5-5734 or email VAMHCSEmployeeAndOccupationalHealth@va.gov.

For additional guidance of PPE donning/doffing, please see [PAPR and PPE Donning and Doffing](#)).

IV. Attachment A: SUPPLEMENTAL INFORMATION

1. Face Mask Fact Sheet
2. Face Shields Information Sheet
3. This Is Your Mask Information Sheet

V. COMMUNICATION AND EDUCATION

The guideline will be communicated to the appropriate medical center personnel via the following channels:

- A. The guideline will be placed on the VAMHCS Intranet.
- B. Re-education and revisions will be communicated by Nursing Education and Safety via Medical Staff, Patient Care Service and publications as needed
- C. Questions about PPE should be directed to Infection Control at ext. 53005 or by emailing VAMHCSInfectionControl@va.gov.

VA







U.S. Department of Veterans Affairs

Veterans Health Administration

Attachment A.1

Face Mask Fact Sheet

Subject to change as policies and guidelines evolve

Category/Function	Type	Use
<p>NON-MEDICAL FACE MASK</p> <p>Protects others from wearer's respiratory emissions by forming a physical barrier but typically NOT fluid resistant</p>	<p>Cloth Mask: reusable after laundering</p>  <ul style="list-style-type: none"> • Not considered PPE • Some can be washed and reused per manufacturer instructions 	<ul style="list-style-type: none"> • Can be worn by anyone walking into the health care facility, including visitors/patients/staff who have minimal to no patient contact. Not to be worn by staff during patient care activities or procedures. • Can be given to patients at time of discharge
<p>MEDICAL FACE MASK</p> <p>Fluid resistant and provides protection against large droplets, splashes, or sprays of bodily or other hazardous fluids; protects patient from wearer's respiratory emissions</p>	<p>Surgical Mask</p> <p>Procedural Mask with Ear Loops</p> <p>Face Mask with Eye Shield</p>  <ul style="list-style-type: none"> • Loose-fitting device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment • Ear loops or ties to secure mask in place • May have attached eye shield • Generally disposable but can be reused with care, discarded when damaged/deformed 	<ul style="list-style-type: none"> • Clinical and non-clinical staff entering a patient room or within 6 ft. of non-PUI or COVID-negative patients • Clinical staff providing direct patient care of non-PUI or COVID-negative patients AND NOT performing an aerosol generating procedure (AGP)
<p>RESPIRATOR</p> <p>Reduces exposure to particles including small particle aerosols; N95 masks (but not other respirators) also protect others from wearer's respiratory emissions</p>	<p>Powered Air Purifying Respirator (PAPR)</p>  <ul style="list-style-type: none"> • Battery-powered respirators • No fit testing required • Cleanable between uses <p>Controlled Air Purifying Respirator (CAPR)</p>  <ul style="list-style-type: none"> • Similar to PAPR, battery-powered • No fit testing required • Cleanable between uses 	<ul style="list-style-type: none"> • Clinical and non-clinical staff entering a patient room or within 6 ft. of PUI or COVID-positive patients • Clinical staff providing direct patient care to PUI or COVID-positive patients • Clinical staff performing an aerosol generating procedure (AGP) on <u>any</u> patient.

Attachment A.2

Face Shields



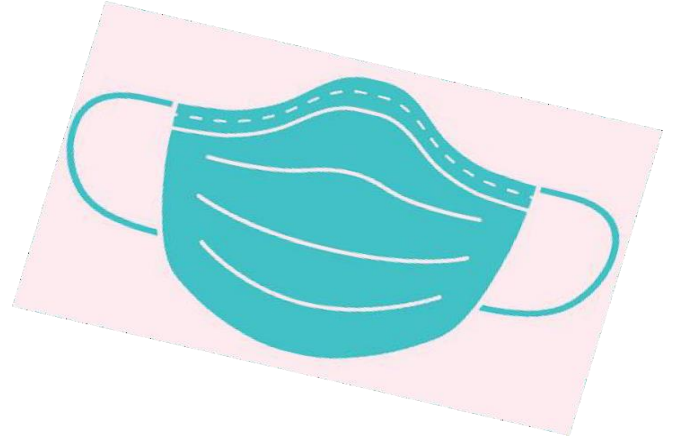
1. Face shields provide eye protection and should be used with a surgical mask or N95
2. Face shields protect exterior of surgical mask or N95 from contamination extending their use
3. When donning PPE, the face shield is put on third after the mask and gown (if required).
4. When doffing PPE, the face shield is removed second after gloves. The outside of the face shield will be contaminated. Handle by head band. Clean after each use. Hand hygiene after touching the faceshield.

Storage and Cleaning

1. Write users name and location (e.g. ED, 3MED, MICU, CICU) on face shield with Marker. The face shield is reusable until it is damaged or unable to be cleaned.
2. Don gloves and disinfect face shield with disinfectant wipes between each use, inside and outside.
3. Doff gloves, perform hand hygiene
4. Allow to air dry.
5. If needed, don gloves and use alcohol wipe to remove any residual on shield.
6. Hang to dry.
7. Doff gloves and perform hand hygiene.
8. Both inside and outside must be completely dry before re-use.

Attachment A.3

This is your mask



During the COVID-19 outbreak, we are asking you to wear a mask. We need your help to make the most of them.

How to make the most of your mask:

Label the inside of the mask with your name

Refrain from touching the outside or moving it up and down your face

Fold longways so the inner surface is held inward and against itself to reduce contact with the outer surface, but do NOT fold the metal nose piece.

Store your mask in a dedicated container. Please use a breathable storage container to allow mask to dry between uses. Only ONE (1) mask per container. Label the container with your name and type of mask.

Reuse Multiple times per day as long as it is clean and dry, maintains fit and shape.

Replace if it is wet or grossly contaminated or when it no longer maintains fit or shape. Change mask at least once a day or more frequently as needed.

Take care of it. A work mask should be left at work in a clean, safe place. You may have a separate mask for use at home and in the community.

Throw away at any point if mask is: 1) Visibly soiled 2) Damaged 3) Doesn't fit.

**Thank you for helping us stop the spread of COVID-19
and conserve our PPE resources.**